Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known				
FEE TRANSMITTAL					cation Number	10/519,2	:73		
					Filing Date 8/16/2005				
For FY 2009					Named Inventor	Robertus	s Cornelis Mari	a Van Rijn	
Applicant claims small entity status. See 37 CFR 1.27					Examiner Name		Ryan J. Walters		
Applicant claims small entity status. See 57 CFR 1.27				Art U	Art Unit 3726				
TOTAL AMOUNT OF PAYMENT (\$) 490.00			Attor	Attorney Docket 0470 - 048023					
METHOD OF PAYN	MENT (check a	ll that annly)		On the Committee of the					
Check Cr		Money Or	der 🔲	None _	Other (please ide	entify):			
Deposit Accoun	t Deposit Acco	unt Number:	23-	-0650	Deposit Accoun	t Name:			
			, the Direct	tor is hereby	authorized to: (c	heck all that	apply)		
Char	ge fee(s) indicate	ed below			Charge fee	e(s) indicated	below, except for	the filing fee	
	ge any additiona		erpayments	of fee(s)	Credit any	overpaymen	ts		
unde: WARNING: Information	r 37 CFR 1.16 au		Twadit aged in	ofoumation abo	Land				
making: Information of the information and authorization and authorization and authorization in the information of the informat		ecome haane.	or curt care in	IIVI III BUUN SAO	ara not se included (n uns iorm. Pi	ovide credit card		
EE CALCULATIO	N (All the fees	below are du	e upon fili	ing or may	be subject to a si	urcharge.)			
1. BASIC FILING,									
FILING FEES SEARCH									
Application Type		iall Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Fee (\$)	Fee	es Paid (\$)	
Utility	330	82	540	270	220	110	<u>100</u>	.9 1 Alu (B)	
Design	220	110	100	50	140	70		TO THE COMPANY OF THE	
_							***************************************		
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325	-	***************************************	
Provisional	220	110	0	0	0	0			
2. EXCESS CLAIM	FEES							Small Entity	
Fee Description							Fee (\$)		
Each claim over 20 (in		· ·	-)				52	26	
Each independent clai Multiple dependent cl	•	ding Keissue	s)				220 390	110	
	20 or HP	Extra Clai	me E	ee (\$)	Fee Paid (\$)			195 Dependent Claim	
Total Claims -	<u> </u>				ree raid (3)		Fee (S		
HP = highest number o			an 20.				1.cc (3	Z Feerain (5	
Indep. Claims -	3 or HP	Extra Clai	ms]	Fee (\$)	Fee Paid (\$)		***************************************		
HP = highest number o	Findaman 3 - 1 - 1 - 1 - 1		X	=					
3. APPLICATION S	•	115 paiù 10F, 11 g	icaici uian 3.						
If the specification	on and drawings						nce or computer lis		
	(e)), the applica 2. 41(a)(1)(G) a) (\$135 for s	mall entity) for e	ach additions	al 50 sheets or frac	tion thereof.	
Total Sheets	Extra She.			of each add	itional 50 or fra	ction thereo	of Fee (\$)	Fee Paid (\$)	
	0 =				d up to a whole nu		x	=	
4. OTHER FEE(S)				*	-	•		Fees Paid (\$)	
Non-English Sp	ecification.	\$130 fee (n	o small ent	ity discount				rees raiu (b)	
Other (e.g., late		•		•				\$490.00	
	J 8								
SUBMITTED BY	1 1 f		~ \ 	1.	-1-4				
Signature	Joh	n 9/1-	len		egistration No. attorney/Agent)	56009	Telephone	412-471-8815	
Name (Print/Type)	John/W. Z		7		, <u>, , , , , , , , , , , , , , , , , , </u>		<u> </u>	oruary 3, 2009	